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CONFIRMATION NO. 9229

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|---|---|---------------------------------------|--|--|
| SERIAL NUMBER 10/539,091 | FILING OR 371(c) DATE 06/15/2005 RULE | CLASS 602 | GROUP ART UNIT 3743 | ATTORNEY DOCKET NO. CU-4235 RJS |
| APPLICANTS Ylva Dalen, Lidingo, SWEDEN; Christer Osterman, Tullinge, SWEDEN; Christopher Muda, Norrkoping, SWEDEN; Harald Staiger, Huskvarna, SWEDEN; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/SE03/01992 12/18/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** SWEDEN 0203763-8 12/19/2002 | | | | |
| ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY SWEDEN | SHEETS DRAWING 4 | TOTAL CLAIMS 9 INDEPENDENT CLAIMS 1 |
| ADDRESS 26530 | | | | |
| TITLE Human body supporting device | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |